



USE FOR INDIVIDUAL, GENERAL PARTNERSHIP, AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

SEE INSTRUCTIONS FOR PAYMENT REQUIRMENTS

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension, unless an amount is due with the extension. The requirement may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

You may choose to electronically file your Kentucky extension for Individual returns. Filing electronically allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2019.

All taxpayers filing this Application for Extension must complete Section I and the Payment Voucher. If no payment is being remitted, leave the Amount Paid box on the Payment Voucher blank. If you are filing your Application of Extension electronically and choose to pay by direct debit, complete Section II with your banking account information.

You will be notified only if the Application for Extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

Section I

A six-month extension is requested for filing the income tax return of the taxpayer(s) listed below for the taxable year ending _____

REASON FOR REQUEST (A reason must be given before any request can be considered. Inability to pay is not a valid reason.)

Signature of Taxpayer Date		Signature of Paid Preparer	Date
➢ Mail to: Kentucky	/ Department of Revenue, P.	O. Box 1190, Frankfort, KY 40602-1190 ≺	
DENIED: Late (postmark	ed after return date)	Other:	
Section II - Direct Debit of Tax Due (Comple	ete only if filing electronic ex	tension)	
Routing Transit number (RTN)		first 2 numbers of the RTN must be rough 12 or 21 through 32.	
Depositer account number (DAN)			
Type of account: Savings Checking Tax	due debit amount \$	_ Debit date / / /	
I authorize the Kentucky Department of Revenue and its de indicated above for payment of my state taxes owed and th I notify the Kentucky Department of Revenue to terminate t 564-4581 no later than 2 business days prior to the payme taxes to receive confidential information necessary to answ	e financial institution to debit the en the authorization. To revoke (cance int (debit) date. I also authorize the	ntry to this account. This authorization is to remain in t el) a payment, I must contact the Kentucky Departmen financial institutions involved in the processing of the	full force and effect until t of Revenue at (502)
Your Signature (If joint or combined return, both must sig	gn) Spouse	e's Signature Date	
	Detach here and mail voucher w	ith your payment	
740EXT (09/18)	entucky Extensior	n Payment Voucher	2018
YOUR SOCIAL SECURITY NUMBER / FE	12/31/20 Year Endin EIN		JMBER.
LASTNAME	FIRSTNAME	SPOUSE'S NAME	
		Amount Paid	0 0
NUMBER AND STREET OR P.O. BOX		Make check payable to: Kentucky	State Treasurer
CITY, TOWN OR POST OFFICE STATE	ZIP CODE		
Check type of return:	Mail to:	40/	A 7 0 2 0 0 0 2 0
☐ Individual ☐ Fiduciary ☐ General Partnership	Kentucky Departme	nt of Boyonuo	
General Partnership For informational purposes only.	P.O. Box 1190		
General Partnerships DO NOT have a tax liability.	Frankfort, KY 40602	-1190	
· · ·	DO NOT ATTACH CHECK		I